



Safe Driving IN TRIBAL COMMUNITIES

What Can Tribal Governments and Health Professionals Do?

The Facts

Motor vehicle crashes are a serious problem in tribal communities:

- ◆ Crashes are the leading cause of death for American Indians and Alaska Natives (AI/AN) ages 1–44.¹
- ◆ AI/AN people have the highest alcohol-related motor vehicle death rates of all racial groups.²
- ◆ AI/AN people use car seats, booster seats, and seat belts at a rate much lower than the national rate.³

On average, two AI/AN people die every day in motor vehicle crashes.⁽⁴⁾



What You Can Do

Tribal governments and local health professionals can make a difference. Below are proven strategies to reduce drinking and driving and increase the use of car seats that you can use to reduce crash-related injuries and deaths in Tribal Nations.

Drinking and Driving

Tribal governments can:

- ◆ Fully enforce existing laws that address the prevention of drinking and driving. These include:
 - Blood alcohol concentration (BAC) of .08 limit laws,
 - Minimum legal drinking age laws, and
 - Zero tolerance laws for drivers younger than 21 years old.⁵
- ◆ Reduce drinking and driving by conducting sobriety checkpoints. Checkpoints can reduce alcohol-related crash deaths by 9 percent.⁶
- ◆ Require ignition interlock use for people convicted of drinking and driving, starting with their first offense.⁷
- ◆ Restrict nighttime driving for teens to no later than 10 p.m. for at least the first 6 months of licensed driving.⁸

- ◆ Explore [Community Guide supported strategies](#) that may lead to a reduction in binge drinking.⁷
- ◆ Restrict vehicle passengers to no more than one during the first 6 months of a new driver's licensed driving.



Local health professionals can:

- ◆ Conduct screening and brief interventions for risky behaviors, such as using alcohol and drugs and driving while impaired.⁹
- ◆ Talk with patients about the dangers of drinking and driving. This includes reminding your patients to:
 - Never drink and drive.
 - Get a safe ride home or call a taxi if they drink.
 - Stop friends from drinking and driving.
 - Plan ahead when hosting a party where alcohol will be served. This includes:
 - Making sure all guests designate and leave with a sober driver.
 - Offering alcohol-free beverages.

Car Seats and Booster Seats

Tribal governments can:

- ◆ Partner with state and county police for car seat and booster seat education and enforcement.
- ◆ Provide education and incentives for the use of car seats and booster seats.
- ◆ Work toward ensuring that all children through at least age 8 travel properly buckled in an age- and size-appropriate safety seat to reduce injuries and save lives.¹⁰

Local health professionals can:

- ◆ Keep up to date on child passenger safety. You can learn more at www.cdc.gov/Motorvehiclesafety/Child_Passenger_Safety.
- ◆ Counsel parents and caregivers at each well-child check-up about:
 - The importance of using age- and size-appropriate car seats, booster seats, and seat belts on every trip, and
 - The correct time to move a child to the next seat type or seat belt.



REAR-FACING CAR SEAT

Birth up to Age 2*
Buckle children in a rear-facing seat until age 2 or when they reach the upper weight or height limit of that seat.



FORWARD-FACING CAR SEAT

Age 2 up to at least age 5*
When children outgrow their rear-facing seat, they should be buckled in a forward-facing car seat until at least age 5 or when they reach the upper weight or height limit of that seat.



BOOSTER SEAT

Age 5 up until seat belts fit properly*
Once children outgrow their forward-facing seat, they should be buckled in a booster seat until seat belts fit properly. The recommended height for proper seat belt fit is 57 inches tall.



SEAT BELT

Once seat belts fit properly without a booster seat
Children no longer need to use a booster seat once seat belts fit them properly. Seat belts fit properly when the lap belt lays across the upper thighs (not the stomach) and the shoulder belt lays across the chest (not the neck).

Seat Belts

Tribal governments can:

- ◆ Consider using proven interventions to reduce injuries, which include increasing seat belt use through primary enforcement of seat belt laws that cover everyone in the car.

Local health professionals can:

- ◆ Counsel patients of all ages about the importance and effectiveness of buckling up.
- ◆ Encourage caregivers to make sure that children travel properly buckled in the back seat in an age- and size-appropriate car seat or booster seat, or with a seat belt to reduce injuries and save lives.¹⁰



What's Working in Tribal Communities

The Centers for Disease Control and Prevention's Injury Center funded several tribes to tailor, implement, and evaluate evidence-based interventions to reduce motor vehicle-related injury and death in their communities. The following pilot programs successfully decreased incidences of drinking and driving and increased the use of child safety seats and seat belts.

Decreasing Drinking and Driving

The San Carlos Apache Tribal Motor Vehicle Injury Prevention Program focused on reducing drunk driving among tribal members. Key parts of the program included media campaigns, sobriety checkpoints, enhanced law enforcement, and local events.

The results:

The San Carlos Tribal community experienced an increase in total driving under the influence (DUI) arrests and a decrease in the number of vehicle crashes after implementing a .08 BAC policy.¹¹

Increasing Child Safety Seat Use

The Yurok Tribe in California implemented the California Rural Indian Health Board's Buckle Up Yurok Program, which comprises community education clinics, a media campaign, car seat checks, and distribution events.

The results:

In 2012, a new primary seat belt and child safety seat law was implemented, which helped increase child safety seat use and protection for all motor vehicle occupants. More than 250 car seats, with education on how to properly use the seats, were distributed over 4 years. From 2011 to 2014, car seat use increased 34%.

Increasing Seat Belt Use

The Hopi Tribe improved collaboration with law enforcement to strengthen the existing seat belt law. A successful media campaign raised awareness among tribal members about the importance of buckling up.

The results:

Driver seat belt use increased 33% and passenger seat belt use increased 50% between 2011 and 2014.

Learn more at

www.cdc.gov/motorvehiclesafety/native or call 1-800-CDC-INFO

References

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U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

IHS Injury Prevention
Advocacy, Outreach and Results



The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control and the Indian Health Service Injury Prevention Program work in partnership with American Indian/Alaska Native communities to implement proven programs.

Local Information